


<h1 style="margin: 0;">Short Form B</h1>	<h2 style="margin: 0;">KENTUCKY NO DISCHARGE OPERATIONAL PERMIT</h2> <p style="margin: 0;">FOR AGRICULTURAL WASTES HANDLING SYSTEM</p> <p style="margin: 0;">Permit Application</p>	
NAME OF FACILITY:		AGENCY USE ONLY
PERMIT NO.:		COUNTY:
<p>This is an application to: (check one)</p> <p><input type="checkbox"/> Apply for a new operational permit.</p> <p><input type="checkbox"/> Apply for reissuance of expiring permit.</p> <p><input type="checkbox"/> Apply for a construction permit. Attach design criteria.</p> <p><input type="checkbox"/> Modify an existing permit.* (Give reason for modification under Item II.)</p>		
I. FACILITY AND CONTACT INFORMATION		
Name of facility, business, company, etc. requesting permit:		
Owner/Applicant Name:		
Owner/Applicant Mailing Address (Street, etc.):		
Owner/Applicant City, State, Zip:		
Owner/Applicant Telephone Number:		
Owner/Applicant Email Address:		
Contact Name and Title (if different than Owner):		
Contact Mailing Address (if different):		
Contact City, State, Zip (if different):		
Contact Telephone Number (if different): () -		
Contact Email Address (if different):		
II. FACILITY LOCATION AND DESCRIPTION		
Facility Location (Street, road, highway, etc.):		
Facility City, State, Zip Code:		
Facility Site Latitude (Decimal Degrees):		
Facility Site Longitude (Decimal Degrees):		
Provide a brief description of activities, products, etc.:		
*Reason for modifying existing permit:		
SIC Code and description:	<input type="checkbox"/> 0241 – Dairy Farm	<input type="checkbox"/> 0213 – Hog Farm
	<input type="checkbox"/> 0212 – Beef Farm	<input type="checkbox"/> 0251 or 0252 – Poultry Farm
	<input type="checkbox"/> 0291 – Other (specify):	

III. ADDITIONAL INFORMATION		
Is this a large feeding operation? Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> If yes, attach Nutrient Management Plan.
Comments:		
IV. SOURCE OF WASTES (maximum number of animals currently or planning to support)		
Type of Animal	Approximate Live Weight of Animal	Number of Animals
TOTAL NUMBER OF ANIMALS		
V. DESTINATION OF WASTES (Current or planned method of land application or waste storage)		
<input type="checkbox"/> If land application is used, complete the following.		
Owner of Property:		
Total number of acres available for land application:		
<input type="checkbox"/> If destination is other than land, check one of the following.		
<input type="checkbox"/> Holding Tank		
<input type="checkbox"/> Holding Pond		
<input type="checkbox"/> Stack Pad		
<input type="checkbox"/> Other (specify):		
VI. ATTACHMENTS		
<input type="checkbox"/> Attach a site location map with the facility clearly marked. Provide either a U.S. Geological Survey 7 1/2- minute quadrangle map, aerial map, topographic map, or other map that identifies the site location and significant features within an aerial of at least 1 mile beyond the property boundaries.		
<input type="checkbox"/> Attach design criteria if applying for construction permit.		
<input type="checkbox"/> Attach Nutrient Management Plan if large AFO.		
<input type="checkbox"/> Attach payment.		

VII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

PRINTED NAME AND TITLE:

SIGNATURE:

DATE:

TELEPHONE NO.

EMAIL:

Return completed application form and attachments to:

Division of Water

Surface Water Permits Branch

300 Sower Boulevard, 3rd Floor

Frankfort, KY 40601

Direct questions to: Surface Water Permits Branch at (502) 564-3410.

KENTUCKY NO DISCHARGE OPERATIONAL PERMIT INSTRUCTIONS FOR FORM ND

This form is for facilities (other than individual family residences or agricultural wastes handling systems) that do not have and do not intend to have a point source discharge to surface waters. Individual family residences must submit form NOI-IFR. Agricultural wastes handling systems that do not propose to discharge must submit Short Form B. Sanitary Operations, prior to applying for an Operational Permit, must apply for a construction permit with the Water Infrastructure Branch.

Listed below are explanations of select Form ND questions. If further information is needed concerning any questions, please contact the Surface Water Permits Branch of the Division of Water at (502) 564-3410.

I. Facility Contact Information

Use the official or legal name of the individual, business, or corporation requesting the application.

The Division will correspond with the facility using either the email address provided or the primary mailing address unless otherwise indicated.

II. Facility Description

Briefly describe the nature of the business and the conducted activities that require a Kentucky No Discharge Operational Permit (KNDOP).

The Standard Industrial Classification (SIC) codes are 4 digit numbers and descriptions of activities classified by the Executive Office of the President, Office of Management and Budget. SIC Codes are available from the United States Department of Labor at: <https://www.osha.gov/pls/imis/sicsearch.html>.

III. Facility Location

Attach either a US Geological Survey 7 ½ minute quadrangle map, aerial map, topographic map, or other map with an area of at least 1 mile beyond the property boundaries. Depict or mark the facility and its intake structure, treatment system and disposal area. Also, mark the locations of those wells, springs, surface water bodies, and drinking water wells listed in public records or otherwise known to the applicant within one-quarter mile of the facility property boundary.

Indicate the actual facility location (street, highway, road, etc. -- but not a P.O. Box).

IV. Operator Information

These sections must be completed by **all sanitary wastewater applicants**.

For those facilities that require a Certified Operator, enter the name of a Certified Operator who will operate the treatment plant, or enter the name of an operator who will be certified before commencement of discharge. The operator of the treatment plant is often someone other than the operator of the facility identified in Part I.

List the name and address of the person who operates the sewage treatment plant.

Indicate if the operator is also the owner.

The operator must be currently certified with the Division of Water. For information concerning those requirements,

Contact: Division of Compliance Assistance, Certification Section, at (502) 564-0323.

List the Operator's Certification Class and Certification Number.

V. Existing Environmental Permits

Indicate permit numbers for any existing environmental permits for this facility.

VI. Flows, Sources of Pollution, and Treatment Technologies

For each source of wastewater provide (1) a description of all operations contributing to the wastewater, including sanitary wastewater and stormwater runoff; (2) the average and design flows contributed by each operation; and (3) the treatment received by the wastewater.

Operations may be described in general terms for storm water. You may use any reasonable measure of duration, volume, or frequency. For each treatment unit, indicate its size, flow rate, and retention time, and describe the ultimate disposal of any solid or liquid wastes. List the treatment units in order of occurrence.

If you are applying for a permit for a privately owned treatment works, you must also identify all of your contributors in an attached listing.

VII. Basis of Design for Sizing the Wastewater Treatment Facility

Basis of design for sizing wastewater treatment facilities should include number of people served, number of homes, number of students, number of square feet of floor space, etc.

VIII. Destination of Wastewater

Destination refers to the final destination at the facility.

If land application, indicate the owner of the land and the number of acres available for land application in the space to the right.

Agricultural applicants must use Short Form B for land application of animal waste.

Subsurface injection applies to lateral fields (other than from Health Department approved septic tanks) and to deep well injection. Federal permits are also required for subsurface injection systems.

Mark "Other" if the facility does not apply the effluent to land surface or does not do subsurface injection. Indicate one of the more detailed descriptions.

Waste Impoundment also refers to lagoons, holding ponds, etc. Select this choice only if it is the final destination at the facility.

Evapotranspiration refers to a combination of atmospheric evaporation and plant uptake, typically via spray irrigation. Check this box only if the evapotranspiration process is other than land application. An example would be rooftop vegetation.

Specify the final destination of effluent at the site if it does not fit any of the listed categories.

IX. Certification

The permit application shall be signed as follows:

1. Corporation: by a principal executive officer of at least the level of vice-president.
2. Partnership or sole proprietorship: by a general partner or the proprietor respectively.
3. Municipality, state, federal, or other public agency: by either a principal executive officer or ranking elected official.

X. Operational Permit Fees

Kentucky No Discharge Operational Permit fees are determined pursuant to 401 KAR 5:310 Section 3. Fees apply to new and re-issued operating permits. If a permit fee applies, the permit application shall include at least the \$240 filing fee. Make checks payable to Kentucky State Treasurer.

1. Industrial wastewater treatment or collection facilities pay a KINDOP fee of \$1,200, unless exempted pursuant to other criteria.
 - a. Industrial facilities are private facilities with wastewater originating from industrial waste.
 - b. Sanitary wastewater, similar to domestic sewage, is wastewater associated with human waste. It may include biodegradable wastewater from commercial developments, but not industrial wastewaters.
2. Exemptions and Reduced Fees
 - a. Governmental entities are exempt pursuant to KRS 224.

401 KAR 5:310 Section 3. Kentucky No Discharge Operational Permit (KNDOP) Fees. The fee for review of a KNDOP shall be as established in Table 3 of this section.

<i>Table 3: KNDOP Fees</i>	
<i>Industrial</i>	<i>\$1,200</i>
<i>Sanitary</i>	<i>\$0</i>